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| Fill in this information to identify your case: | |
|--|--|
| United States Bankruptcy Court for the: Northern District of Illinois | |
| Case number (# known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| | Your full name | | |
| | Write the name that is on your | Przemyslaw | |
| | government-issued picture identification (for example, your driver's license or | First name | First name |
| | passport). | Middle name | Middle name |
| | Bring your picture | Zakowski | |
| | identification to your meeting with the trustee. | Last name | Last name |
| | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| | All other names you have used in the last 8 | First name | First name |
| | years | | |
| | Include your married or maiden names. | Middle name | Middle name |
| | | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| | | | |
| | Only the last 4 digits of your Social Security | xxx - xx - <u>2</u> <u>5</u> <u>6</u> <u>0</u> | xxx - xx |
| | number or federal | OR | OR |
| | Individual Taxpayer | | |
| | Identification number | 9 xx - xx | 9 xx - xx |

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| Debto | r 1 Przemyslaw | Zakowski Last Name | Case number (if known) |
|-------------|--|---|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| aı | ny business names nd Employer dentification Numbers | ☐ I have not used any business names or EINs. | ☐ I have not used any business names or EINs. |
| th | EIN) you have used in ne last 8 years | Angel's Touch Services Company Business name | Business name |
| | oing business as names | Business name | Business name |
| | | 2 0 1 3 2 9 8 0 3 | EIN |
| | | EIN | EIN |
| 5. W | /here you live | | If Debtor 2 lives at a different address: |
| | | 2606 Michael Street Number Street | Number Street |
| | | Wonder Lake IL 60097 City State ZIP Code | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number Street | Number Street |
| | | P.O. Box | P.O. Box |
| | | City State ZIP Code | City State ZIP Code |
| th | hy you are choosing his district to file for ankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |
| | | | |

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| D | ebtor 1 Przemyslaw First Name Middle Na | mo | Zakowski | | Case number (## | KNOWII) |
|--|---|--|---|--|---|--|
| | | | 140116 | | | |
| P | art 2: Tell the Court Abou | ut Your E | Bankruptcy Case | | | |
| 7. The chapter of the Bankruptcy Code you | | Check of | one. (For a brief description kruptcy (Form 2010)). Also | on of each, see <i>Noti</i> | ice Required by 11 | U.S.C. § 342(b) for Individuals Filing |
| | are choosing to file under | ☑ Cha | | | | 11,000 |
| | under | ☐ Cha | pter 11 | | | |
| | | ☐ Cha | pter 12 | | | |
| | | | pter 13 | | | |
| 8. | How you will pay the fee | loca your subn with I ne App I rec By k less pay | al court for more details reelf, you may pay with mitting your payment of a pre-printed address. ed to pay the fee in in dication for Individuals are that my fee be waw, a judge may, but is than 150% of the official reelf. | about how you not cash, cashier's on your behalf, you cashier is a stallments. If you to Pay The Filing waived (You may a not required to, vial poverty line the cash of the c | nay pay. Typical check, or money ur attorney may u choose this op Fee in Installme request this opt waive your fee, a at applies to you his option, you m | eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check of the control o |
| 9. | Have you filed for bankruptcy within the last 8 years? | ☑ No ☐ Yes. | District District | When When | MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY | Case number Case number Case number |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☑ No ☐ Yes. | Debtor | | MM / DD / YYYY | Relationship to you Case number, if known |
| | | | District | | | Relationship to you Case number, if known |
| | | | | *************************************** | MM / DD / YYYY | |
| 11. | Do you rent your residence? | ☑ No. ☐ Yes. | Go to line 12. Has your landlord obtain residence? No. Go to line 12. | ned an eviction judg | ment against you a | and do you want to stay in your |
| | | | Yes. Fill out <i>Initial St</i> this bankruptcy petiti | | Eviction Judgment | Against You (Form 101A) and file it with |

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| Debtor 1 | Przemyslaw First Name Middle Nam | ne | Zakowski | | Case nu | mber (if known) | 1 | |
|--|---|--------------------|--|---|--|--|--|---|
| | | | | | | | | |
| Part 3: | Report About Any E | Business | ses You Own as a So | le Propriet | or | | | |
| 12 Are W | ou a sole proprietor | D | | | ************************************** | | | |
| of any | full- or part-time | | Go to Part 4. | Clark Control Control | | | | |
| busin A sole | ess? proprietorship is a | ☐ Yes. | Name and location of bo | usiness | | | | |
| busine: individu separa | ss you operate as an ual, and is not a te legal entity such as pration, partnership, or | | Name of business, if any | | | | | |
| sole pro | nave more than one oprietorship, use a | | Number Street | | | | | |
| 500-03 0 000000000 | te sheet and attach it petition. | | 011 | | | | | |
| ************************************** | | | City | | 3 | State | ZIP Code | |
| | | | Check the appropriate b | ox to describe | your business: | | | |
| | | | ☐ Health Care Busines | ss (as defined | in 11 U.S.C. § 10 |)1(27A)) | | |
| | | | ☐ Single Asset Real E | state (as defin | ed in 11 U.S.C. § | 101(51B)) | | |
| | | | ☐ Stockbroker (as defi | ned in 11 U.S. | .C. § 101(53A)) | | | |
| | | | ☐ Commodity Broker (| as defined in 1 | 11 U.S.C. § 101(6 | 5)) | | |
| | | | ☐ None of the above | | | | | |
| Chapte Bankr are yo debtor For a de busines | ou filing under er 11 of the uptcy Code and u a small business efinition of small is debtor, see C. § 101(51D). | most recany of the | e filing under Chapter 11 appropriate deadlines. If cent balance sheet, state lesse documents do not e I am not filing under Cha I am filing under Chapte the Bankruptcy Code. | you indicate the ment of opera xist, follow the apter 11. | nat you are a sma tions, cash-flow s procedure in 11 | all business tatement, a U.S.C. § 11 | debtor, you n nd federal ind 16(1)(B). | nust attach your come tax return or if |
| | | ☐ Yes. | I am filing under Chapte Bankruptcy Code. | r 11 and I am | a small business | debtor acco | ording to the o | lefinition in the |
| Part 4: | Report if You Own o | r Have | Any Hazardous Prop | erty or Any | Property That | Needs In | nmediate A | Attention |
| 14. Do you | own or have any | ☑ No | | | | | | |
| alleged of imm identif public | ty that poses or is d to pose a threat linent and iable hazard to health or safety? you own any | ☐ Yes. | What is the hazard? | | | | | |
| proper | ty that needs liate attention? | | If immediate attention is | s needed, why | is it needed? | | | |
| perishal that mu | mple, do you own ble goods, or livestock st be fed, or a building ds urgent repairs? | | | | | | | |
| | | | Where is the property? | Number | Street | | | |
| | | | | - | | | | |
| | | | | City | | | State | ZIP Code |

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| Debtor 1 Przemyslaw First Name Middle | | Case number | (if known) |
|--|--|--|--|
| Part 5: Explain Your Effo | orts to Receive a Briefing About | Credit Counseling | |
| 15. Tell the court whether | About Debtor 1: | About | Debtor 2 (Spouse Only in a Joint Case): |
| you have received a briefing about credit | You must check one: | You m | nust check one: |
| counseling. The law requires that you receive a briefing about credi | | e 180 days before I co , and I received a file | eceived a briefing from an approved credit unseling agency within the 180 days before l ed this bankruptcy petition, and I received a rtificate of completion. |
| counseling before you file for bankruptcy. You must truthfully check one of the | Attach a copy of the certificate plan, if any, that you developed | | ach a copy of the certificate and the payment in, if any, that you developed with the agency. |
| following choices. If you cannot do so, you are not eligible to file. | ☐ I received a briefing from an counseling agency within the filed this bankruptcy petition certificate of completion. | e 180 days before I co , but I do not have a file | eceived a briefing from an approved credit unseling agency within the 180 days before I ed this bankruptcy petition, but I do not have rtificate of completion. |
| If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors | Within 14 days after you file this you MUST file a copy of the cerplan, if any. | tificate and payment you | thin 14 days after you file this bankruptcy petition I MUST file a copy of the certificate and payment, if any. |
| can begin collection activities again. | □ I certify that I asked for credit services from an approved as unable to obtain those servic days after I made my request circumstances merit a 30-day of the requirement. | gency, but was ser es during the 7 und , and exigent day temporary waiver circ | ertify that I asked for credit counseling rvices from an approved agency, but was able to obtain those services during the 7 ys after I made my request, and exigent cumstances merit a 30-day temporary waiven the requirement. |
| | To ask for a 30-day temporary requirement, attach a separate what efforts you made to obtain you were unable to obtain it bet bankruptcy, and what exigent c required you to file this case. | sheet explaining req the briefing, why who ore you filed for you ircumstances bar | ask for a 30-day temporary waiver of the juirement, attach a separate sheet explaining at efforts you made to obtain the briefing, why u were unable to obtain it before you filed for akruptcy, and what exigent circumstances juired you to file this case. |
| | Your case may be dismissed if dissatisfied with your reasons for briefing before you filed for bank | or not receiving a diss | ur case may be dismissed if the court is satisfied with your reasons for not receiving a affing before you filed for bankruptcy. |
| | If the court is satisfied with your still receive a briefing within 30. You must file a certificate from agency, along with a copy of the developed, if any. If you do not may be dismissed. | days after you file. still he approved You a payment plan you age do so, your case dev | ne court is satisfied with your reasons, you must receive a briefing within 30 days after you file. It must file a certificate from the approved ency, along with a copy of the payment plan you reloped, if any. If you do not do so, your case y be dismissed. |
| | Any extension of the 30-day de- only for cause and is limited to a days. | | y extension of the 30-day deadline is granted y for cause and is limited to a maximum of 15 /s. |
| | ☐ I am not required to receive a credit counseling because of: | | n not required to receive a briefing about dit counseling because of: |
| | deficiency that incapable of re | | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. |
| | to be unable to briefing in pen | o partícipate in a son, by phone, or ternet, even after l | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. |

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

duty in a military combat zone.

☐ Active duty. I am currently on active military

If you believe you are not required to receive a

briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| De | btor 1 Przemyslaw First Name Middle N | Zakowski Last Name | Case number (# k | nown) |
|-----|---|--|--|---|
| | | | | |
| Pa | Answer These Que | estions for Reporting Purpo | oses | |
| 16. | What kind of debts do you have? | 16a. Are your debts prima as "incurred by an individ | arily consumer debts? Consumer delual primarily for a personal, family, or hou | bts are defined in 11 U.S.C. § 101(8) usehold purpose." |
| | you have? | No. Go to line 16b.✓ Yes. Go to line 17. | | |
| | | 16b. Are your debts prima money for a business or | arily business debts? Business debts investment or through the operation of the | s are debts that you incurred to obtain business or investment. |
| | | □ No. Go to line 16c.□ Yes. Go to line 17. | | |
| | | 16c. State the type of debts yo | ou owe that are not consumer debts or bu | siness debts. |
| 17. | Are you filing under Chapter 7? | ☐ No. I am not filing under (| Chapter 7. Go to line 18. | |
| | Do you estimate that afte any exempt property is | r ☑ Yes. I am filing under Chap administrative expens | oter 7. Do you estimate that after any exe ses are paid that funds will be available to | mpt property is excluded and |
| | excluded and | ☑ No | | |
| | administrative expenses are paid that funds will be available for distribution to unsecured creditors? | e Yes | | |
| 18. | How many creditors do | 1 -49 | 1,000-5,000 | 25,001-50,000 |
| | you estimate that you owe? | ☐ 50-99 ☐ 100-199 | □ 5,001-10,000 □ 10,001-25,000 | ☐ 50,001-100,000 ☐ More than 100,000 |
| | 25.55.75.0 | 200-999 | 10,001-25,000 | More than 100,000 |
| 19. | How much do you | \$0-\$50,000 | □ \$1,000,001-\$10 million | □ \$500,000,001-\$1 billion |
| | estimate your assets to | \$50,001-\$100,000 | □ \$10,000,001-\$50 million | ☐ \$1,000,000,001-\$10 billion |
| | be worth? | \$100,001-\$500,000 | \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion |
| | | □ \$500,001-\$1 million | □ \$100,000,001-\$500 million | ☐ More than \$50 billion |
| | How much do you | \$0-\$50,000 | □ \$1,000,001-\$10 million | □ \$500,000,001-\$1 billion |
| | estimate your liabilities | \$50,001-\$100,000 | □ \$10,000,001-\$50 million | \$1,000,000,001-\$10 billion |
| | to be? | \$100,001-\$500,000 | □ \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion |
| Pa | rt 7: Sign Below | □ \$500,001-\$1 million | □ \$100,000,001-\$500 million | ☐ More than \$50 billion |
| | orgin zoron | I have examined this netition : | and I declare under penalty of perjury that | the information provided is true and |
| Fo | r you | correct. | and racodare arraes perionly or perjury trial | the mornator provided is also and |
| | | | hapter 7, I am aware that I may proceed, I understand the relief available under ea | |
| | | | nd I did not pay or agree to pay someone and read the notice required by 11 U.S.C | |
| | | I request relief in accordance w | vith the chapter of title 11, United States 0 | Code, specified in this petition. |
| | | I understand making a false sta with a bankruptcy case can res 18 U.S.C. §§ 152, 1341, 1519, | sult in fines up to \$250,000, or imprisonme | g money or property by fraud in connection ent for up to 20 years, or both. |
| | | X X | Zelen x | (2.11.2) |
| | | Signature of Debtor 1 | 9 | e of Debtor 2 |
| | | Executed on 08/21/2017 | | d on |

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| Debtor 1 | Przemyslaw First Name Middle Nam | Zakowski | Case number (if known)_ | |
|-------------------------|---|---|--|---|
| If you are by an att | attorney, if you are nted by one e not represented torney, you do not file this page. | I, the attorney for the debtor(s) named in this per to proceed under Chapter 7, 11, 12, or 13 of title available under each chapter for which the person the notice required by 11 U.S.C. § 342(b) and, it knowledge after an inquiry that the information is | e 11, United States Code, ar son is eligible. I also certify the in a case in which § 707(b)(4 | nd have explained the relief that I have delivered to the debtor(s) (D) applies, certify that I have no |
| | | William M. Murakowski Printed name Law Office of William M. Murakows Firm name 15 N. Northwest Highway Number Street | ki, P.C. | MM / DD /YYYY |
| | | Park Ridge City | IL State | 60068 ZIP Code |
| | | Contact phone (847) 268-0201 | Email address | caine93@live.com |
| | | 6206280 Bar number | IL State | |

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| Debtor 1 | Przemyslaw | Z | Zakowski | |
|---------------------|--------------------------|----------------------------------|-----------|---|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for the | e: Northern District of Illinois | | * |
| | (If known) | | | |

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|--|--------------------------------------|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$125,551.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$12,925.72 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$138,476.72 |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$180,626.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ 66,810.00 |
| | \$247,436.00 |
| Your total liabilities | |
| Your total liabilities art 3: Summarize Your Income and Expenses | |
| | s2,700.00 |

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| Debtor 1 | Przemyslaw | Zakowski | Case number (# known) | |
|--------------|--|--------------------------------------|--|------------------|
| SAVANSELL IV | First Name Middle Name | Last Name | | |
| Part 4: | Answer These Questions fo | r Administrative and Statistics | al Records | |
| 6. Are | you filing for bankruptcy under Cha | pters 7, 11, or 13? | | |
| | No. You have nothing to report on this res | part of the form. Check this box and | submit this form to the court with your | other schedules. |
| 7. Wha | t kind of debt do you have? | | | |
| | Your debts are primarily consumer amily, or household purpose." 11 U.S. | | | personal, |
| | Your debts are not primarily consume this form to the court with your other so | | t on this part of the form. Check this b | oox and submit |
| | n the Statement of Your Current Mo n 122A-1 Line 11; OR, Form 122B Line | | nt monthly income from Official | \$2,700.00 |
| | | | | |

Total claim

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | , | |
|--|---|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |
| | | |

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| tor 1 | Przemysl | aw | | Zakowsł | ki | | | |
|--------------------|--------------------|------------------------|-----------------|--|--|------------------|---|--|
| | First Name | Mid | ddle Name | Last Name | | | | |
| tor 2 use, if t | filing) First Name | Mid | ddle Name | Last Name | | | | |
| ed Sta | ates Bankruptcy Co | ourt for the: Northe | ern District of | Ilinois | ₹ | | | |
| e num | ber | | | | _ | | | |
| | | | | | | | | Check if this is ar |
| | | | | | | | | amended filing |
| ffici | ial Form | 106A/B | | | | | | |
| ch | odulo | A/R. Dr | onort | ., | | | | |
| CII | leuule | A/B: Pr | opert | <i>y</i> | | | | 12/15 |
| t 1: o yo | Describe Ea | | e, Building, | Land, or Othe | on. er Real Estate Yo nce, building, land, | | | |
| | es. Where is the | property? | | | | | | |
| | | | | | property? Check all the | at apply. | Do not deduct secured de | |
| 1.1. | 2606 Michae | el Street | | Single-fam | nily home multi-unit building | | the amount of any secure Creditors Who Have Clair | |
| 3103 | Street address, if | available, or other of | description | | ium or cooperative | | Current value of the | Current value of th |
| | | | | | red or mobile home | | entire property? | portion you own? |
| | | | | Land | | | \$125,551.00 | \$125,551.00 |
| | Wonder Lak | e IL | 60097 | ☐ Investmen | | | Describe the nature of | of your ownership |
| | City | State | ZIP Code | Other | , | | interest (such as fee the entireties, or a life | simple, tenancy by |
| | | | | Who has an i | interest in the prop | erty? Check one. | Fee Simple | |
| | McHenry | | | Debtor 1 or | | | | 70.0 |
| | County | | | Debtor 2 or | | | Chack if this is so | mmunity property |
| | | | | | nd Debtor 2 only | | (see instructions) | minumity property |
| | | | | | e of the debtors and a ation you wish to a | | om euch as local | |
| | | | | | ntification number: | | eni, such as local | |
| | own or have mo | re than one, list h | nere: | | | | | |
| you | | | | Single-family | | t apply. | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| | | available, or other of | description | TOTAL STATE OF THE | nulti-unit building | | | (A) the late of the |
| 1.2. | Street address, if | | | | m or cooperative ed or mobile home | | Current value of the entire property? | Current value of the portion you own? |
| 1.2. | Street address, if | | | Land | ed of mobile nome | | \$ | \$ |
| 1.2. | Street address, if | | | | | | | |
| 1.2. | Street address, if | | | ☐ Investment | property | | | of your ownership |
| 1.2. | Street address, if | State | ZIP Code | | | | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| 1.2. | | State | ZIP Code | Investment Timeshare Other | | rty? Check one. | interest (such as fee | simple, tenancy by |
| 1.2. | | State | ZIP Code | Investment Timeshare Other | terest in the proper | rty? Check one. | interest (such as fee | simple, tenancy by |
| 1.2. | City | State | ZIP Code | Investment Timeshare Other Who has an in | iterest in the proper | rty? Check one. | interest (such as fee | simple, tenancy by |
| 1.2. | | State | ZIP Code | ☐ Investment ☐ Timeshare ☐ Other ☐ Who has an in ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and | iterest in the proper y | | interest (such as fee | simple, tenancy by e estate), if known. |

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| Debtor 1 | | | Zakowski | Case number (if known) | |
|----------|------------------------------|---------------------------|--|--|--|
| | First Name Middl | le Name Last Name | | | |
| 1.3. | | | What is the property? Check all that a Single-family home | pply. Do not deduct secured of the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| 110 | Street address, if available | e, or other description | ☐ Duplex or multi-unit building☐ Condominium or cooperative☐ Manufactured or mobile home | | Current value of the portion you own? |
| | *** | | ☐ Land | \$ | \$ |
| | | | ☐ Investment property | 100 | · · · |
| | City | State ZIP Code | Timeshare | Describe the nature of | of your ownership |
| | City | State Zir Gode | Other | interest (such as fee | simple, tenancy by |
| | | | | the entireties, or a life | e estate), if known. |
| | | | Who has an interest in the property | ? Check one. | (|
| | County | | Debtor 1 only | | |
| | County | | Debtor 2 only | D | |
| | | | Debtor 1 and Debtor 2 only | Check if this is co (see instructions) | mmunity property |
| | | | At least one of the debtors and anoth | ner (See Hist delloris) | |
| | | | Other information you wish to add property identification number: | about this item, such as local | |
| | | | | | |
| 2. Add | the dollar value of the | portion you own for al | I of your entries from Part 1, includin | g any entries for pages | s 125,551.00 |
| you | have attached for Part | 1. Write that number I | nere | → | |
| Part 2: | Describe Your | /ehicles | | | |
| | | | | | |
| Do vou | own, lease, or have led | al or equitable interes | st in any vehicles, whether they are re | egistered or not? Include any vehicles | 3 |
| | | | e, also report it on Schedule G: Executo | | |
| 3 Care | , vans, trucks, tractors | enort utility vehicles | motorcycles | | |
| 72-22 | | , sport utility verticles | , motorcycles | | |
| | 973 | | | | |
| Y | es | | | | |
| 3.1. | Make: | Nissan | Who has an interest in the property | ? Check one. Do not deduct secured cla | ims or exemptions. Put |
| 0.1. | Model: | Pathfinder | Debtor 1 only | the amount of any secure Creditors Who Have Clain | |
| | | 2013 | Debtor 2 only | Cleditors who have claim | |
| | Year: | 104 Best (1,108 100) | ☐ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Approximate mileage: | 67000 | ☐ At least one of the debtors and anoth | entire property r | portion you own: |
| | Other information: | | | 12,050.00 | s 12,050.00 |
| | | | Check if this is community proprinstructions) | erty (see | \$ |
| If you | u own or have more than | one, describe here: | | | |
| | Malan | | Who has an interest in the property | ? Check one. Do not deduct secured da | ims or exemptions. Put |
| 3.2. | Make: | | | the amount of any secure | d claims on Schedule D: |
| | Model: | | Debtor 1 only | Creditors Who Have Clain | ns Secured by Property. |
| | Year: | | Debtor 2 only | Current value of the | Current value of the |
| | Approximate mileage: | | Debtor 1 and Debtor 2 only At least one of the debtors and anoth | entire property? | portion you own? |
| | | 9 | At least one of the debtors and anoth | er | |
| | Other information: | | ☐ Check if this is community prop | erty (see \$ | \$ |
| | | | instructions) | erty (see | |

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| tor 1 | Przemyslaw | Zakowski Case number # | known) | |
|---------------------|--|--|---|--|
| | First Name Middle Name Las | t Name | | |
| | | | | |
| 3.3. | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | |
| | Model: | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | Debtor 2 only | Current value of the | Current value of |
| | Approximate mileage: | Debtor 1 and Debtor 2 only | entire property? | Current value of portion you own |
| | STANDARD TO THE STANDARD TO TH | At least one of the debtors and another | | |
| | Other information: | ☐ Check if this is community property (see instructions) | \$ | \$ |
| | Make | Who has an interest in the property? Check one. | Do not deduct occurred str | ime or exemptions. Bu |
| 3.4. | Make: | Debtor 1 only | Do not deduct secured cla the amount of any secure | d claims on Schedule I |
| | Model: | Debtor 2 only | Creditors Who Have Clair | ns Secured by Propert |
| | Year: | Debtor 1 and Debtor 2 only | Current value of the | Current value of |
| | Approximate mileage: | ☐ At least one of the debtors and another | entire property? | portion you own |
| | Other information: | | | |
| | | ☐ Check if this is community property (see instructions) | \$ | \$ |
| xam | ples: Boats, trailers, motors, personal wa | dother recreational vehicles, other vehicles, and accest tercraft, fishing vessels, snowmobiles, motorcycle accessor | | |
| | ples: Boats, trailers, motors, personal wa | | | |
| xam 1 Ne 1 Ye | ples: Boats, trailers, motors, personal wa | | Do not deduct secured cla | |
| Xam 1 Ne | ples: Boats, trailers, motors, personal was es Make: | tercraft, fishing vessels, snowmobiles, motorcycle accesse | Do not deduct secured cla the amount of any secure | d claims on Schedule I |
| Xam 1 Ne | ples: Boats, trailers, motors, personal was bes Make: Model: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured cla | d claims on Schedule L |
| Xam 1 Ne | ples: Boats, trailers, motors, personal was bes Make: Model: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured cla the amount of any secured Creditors Who Have Clain | d claims on Schedule I as Secured by Property Current value of |
| Xam 1 Ne | ples: Boats, trailers, motors, personal was bes Make: Model: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured cla the amount of any secured Creditors Who Have Clain | d claims on Schedule I ns Secured by Propert |
| Xam 1 Ne | ples: Boats, trailers, motors, personal was bes Make: Model: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured cla the amount of any secured Creditors Who Have Clain | d claims on Schedule as Secured by Propen Current value of |
| хат 1 Ne 1 Ye | ples: Boats, trailers, motors, personal was bes Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured cla the amount of any securer Creditors Who Have Clain Current value of the entire property? | d claims on Schedule in Secured by Propert Current value of portion you own |
| Yeur | ples: Boats, trailers, motors, personal was ples Make: Model: Year: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured cla the amount of any securer Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured cla | d claims on Schedule to as Secured by Property Current value of portion you own? \$ |
| Yeur | ples: Boats, trailers, motors, personal was pless Make: Model: Year: Other information: own or have more than one, list here: Make: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any secured clather any secured clather amount of an | d claims on Schedule in Secured by Propert Current value of portion you own \$ |
| Yeur | ples: Boats, trailers, motors, personal was pless Make: Model: Year: Other information: own or have more than one, list here: Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Clain | d claims on Schedule is Secured by Propert Current value of portion you own \$ |
| Yeur | ples: Boats, trailers, motors, personal was pless Make: Model: Year: Other information: own or have more than one, list here: Make: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the | d claims on Schedule as Secured by Propert Current value of portion you own \$ ims or exemptions. Put claims on Schedule is Secured by Propert Current value of |
| Yeur | ples: Boats, trailers, motors, personal was pless Make: Model: Year: Other information: own or have more than one, list here: Make: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Clain | d claims on Schedule is Secured by Propert Current value of portion you own \$ |
| Yeur | ples: Boats, trailers, motors, personal was pless Make: Model: Year: Other information: own or have more than one, list here: Make: Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the | d claims on Schedule as Secured by Proper Current value of portion you own \$ |
| Yeur | ples: Boats, trailers, motors, personal was pless Make: Model: Year: Other information: own or have more than one, list here: Make: Model: Year: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any secured Creditors Who Have Clain Current value of the entire property? | current value of portion you own Current value of portion you own Current value of portion you own Current value of claims on Schedule is Secured by Propertion you own |

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Debtor 1 Przemyslaw Zakowski Case number (if known)_____

| Pa | art 3: Describe Your Personal and Household Items | |
|------|--|--|
| Do | you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | Household goods and furnishings | |
| | Examples: Major appliances, furniture, linens, china, kitchenware | |
| | ☑ Yes. Describe Used furniture and appliances; kitchenware | \$375.00 |
| 7. | Electronics | |
| | Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | |
| | ☐ No ☐ Yes. Describe Used TV; used computer | \$120.00 |
| 8 | Collectibles of value | |
| | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | |
| | ✓ No Yes. Describe | \$ |
| 9 | Equipment for sports and hobbies | |
| | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | |
| | ✓ No ✓ Yes. Describe | \$ |
| 10.1 | Firearms | |
| | Examples: Pistols, rifles, shotguns, ammunition, and related equipment | |
| | ☑ No | |
| | Yes. Describe | \$ |
| 11.0 | Clothes | |
| | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| | No ✓ Yes. Describe Used personal clothing and shoes | \$80.00 |
| 12. | Jewelry | |
| | Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | |
| | ✓ No ☐ Yes. Describe | \$ |
| 13.1 | Non-farm animals | |
| | Examples: Dogs, cats, birds, horses | |
| | ✓ No Yes, Describe | \$ |
| 14. | Any other personal and household items you did not already list, including any health aids you did not list | |
| | ☑ No | |
| | Yes. Give specific | \$ |
| | information | Administrative statement |
| | Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here | \$575.00 |

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Przemyslaw Zakowski Debtor 1 Case number (if known) First Name Middle Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No. ☐ Yes.... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No ✓ Yes..... Institution name: The State Bank (Joint Account) 280.00 17.1. Checking account: 20.72 McHenry Bank & Trust 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ☑ No % of ownership: Name of entity: 0% ☐ Yes. Give specific information about 0% them..... 0%

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| btor 1 | Przemyslaw | | Zakowski | Case number (if known) | |
|----------|------------------------------------|----------------------------|---|---|----------|
| | First Name | Middle Name Last N | ame | | |
| Govern | ment and corpo | orate bonds and other r | negotiable and non-negotiable | instruments | |
| Negotia | ble instruments i | nclude personal checks, | cashiers' checks, promissory no | tes, and money orders. | |
| | gotiable instrume | ents are those you canno | t transfer to someone by signing | or delivering them. | |
| ☑ No | 0: :5 | Issuer name: | | | |
| | . Give specific mation about | | | | |
| then | n | | | | \$ |
| | | | | | \$ \$ |
| | | | | | Ψ |
| Retirem | nent or pension | accounts | | | |
| | es: Interests in IF | RA, ERISA, Keogh, 401(F | t), 403(b), thrift savings accounts | s, or other pension or profit-sharing plans | |
| No No | . List each | | | | |
| | ount separately. | Type of account: In | stitution name: | | |
| | | 401(k) or similar plan: | | | \$ |
| | | Pension plan: | | | \$ |
| | | IRA: | | | \$ |
| | | Retirement account: | | | \$ |
| | | Keogh: | | | \$ |
| | | Additional account: | | | \$ |
| | | Additional account: | | | 887 |
| | | Additional account. | | | \$ |
| Security | y deposits and p | prepayments | | | |
| Your sha | are of all unused | deposits you have made | so that you may continue service | | |
| | es: Agreements v ies, or others | with landlords, prepaid re | nt, public utilities (electric, gas, v | vater), telecommunications | |
| No No | | | | | |
| _ | ************ | Institut | ion name or individual: | | |
| | | Electric: | | | \$ |
| | | Gas: | | | \$ |
| | | Heating oil: | | | \$ |
| | | Security deposit on rental | unit: | | \$ |
| | | Prepaid rent: | | | \$ |
| | | Telephone: | | | \$ |
| | | Water: | | | \$ |
| | | Rented furniture: | | | \$ |
| | | Other: | 300 | | \$ |
| | | | u , , , , , , , , , , , , , , , , , , , | - number of upg-s-\ | |
| | es (A contract for | a periodic payment of m | oney to you, either for life or for | a number of years) | |
| No No | | leaver some and decri- | Non- | | |
| ■ Yes | | Issuer name and descrip | uona | | \$ |
| | | <u> </u> | | | \$ |
| | | | | | • |

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| Debtor 1 | Przemyslaw First Name Middle | a Name Last Name | Zakowski | Case number (If known) | |
|--|--|---|--|--|--|
| | First Name Micon | tvarie Last varie | | | |
| | | | alified ABLE program, o | r under a qualified state tuition program. | |
| 26 U.S.(| C. §§ 530(b)(1), 529A | (b), and 529(b)(1). | | | |
| | | Institution name and de | passintian Constately file (| the records of any interests.11 U.S.C. § 521(c) | |
| | | institution name and de | sscription. Separately file t | the records of any interests. 11 U.S.C. § 521(c) | d |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | equitable or future in able for your benefit | | ner than anything listed i | in line 1), and rights or powers | |
| ☑ No | | | | | |
| | . Give specific | | | | |
| infor | mation about them | | | | \$ |
| | | | | | |
| | | | d other intellectual prope from royalties and licensi | \$10 0 0. | |
| ☑ No | | , | | | |
| | Give specific | | | | |
| | mation about them | | | | \$ |
| License | es franchises and o | ther general intangibles | • | | |
| | | | | , liquor licenses, professional licenses | |
| No No | | | | | |
| 1000 | Give specific | | | | |
| | mation about them | | | | \$ |
| | | • | | | |
| oney or p | property owed to you | 11 | | | Current value of the portion you own? |
| | | | | | Do not deduct secured claims or exemptions. |
| Tay rofu | inds owed to you | | | | |
| ☑ No | inas owea to you | | | | |
| | Give specific informa | ation | | Fodoral: \$ | |
| | about them, including | g whether | | Federal: \$ | |
| | you already filed the and the tax years | | | 10 O | |
| | and the tax years. | | | Local: \$ | - |
| . Family s | support | | | | |
| and the same of th | es: Past due or lump s | sum alimony, spousal sup | port, child support, mainte | enance, divorce settlement, property settlemen | t. |
| No No | | | | | |
| Yes. | Give specific informa | ation | | Alimony: | \$ |
| | | | | Maintenance: | \$ |
| | | | | Support: | \$ |
| | | | | Divorce settlement: | \$ |
| | | | | Property settlement: | \$ |
| | | | | | |
| Other an | mounts someone ov es: Unpaid wages, dis Social Security be | ves you ability insurance paymen nefits; unpaid loans you r | ts, disability benefits, sick nade to someone else | pay, vacation pay, workers' compensation, | |
| ☑ No | | | | | |
| | Give specific informa | otion | | | |

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| Debtor 1 | Przemyslaw | Zakowski | Case number (if known) | |
|--------------------|--|--|---|--|
| | First Name Middle Name | Last Name | | |
| 31 Interes | sts in insurance policies | | | |
| | | nce; health savings account (HSA); credit, ho | meowner's, or renter's insurance | |
| ☐ No | s. Name the insurance company | | | |
| L 16: | of each policy and list its value. | Company name: | Beneficiary: | Surrender or refund value: |
| | | Country Insurance (Term Policy) | Violet Starron | \$0.00 |
| | | | | \$ |
| | | - | | \$ |
| If you a | terest in property that is due you are the beneficiary of a living trust, ty because someone has died. | u from someone who has died expect proceeds from a life insurance policy, (| or are currently entitled to receive | |
| No No | | | | |
| ☐ Yes | s. Give specific information | | | \$ |
| 33 Claime | against third parties, whether o | r not you have filed a lawsuit or made a de | mand for navment | |
| | | es, insurance claims, or rights to sue | mand for payment | |
| ☑ No | | | | |
| ☐ Yes | s. Describe each claim | | | S |
| 34 Other o | contingent and unliquidated clair | ms of every nature, including counterclaim | s of the debtor and rights | . . |
| | off claims | no or overy nature, moraling countervalue | | |
| ☐ Yes | s. Describe each claim | | | • |
| | | | | 3 |
| 35. Any fin | ancial assets you did not alread | y list | | |
| No No | | | | |
| ☐ Yes | s. Give specific information | | | \$ |
| | - dollar valva of all of varia autoi | f Part 4 including one entries for ma | ase yeu have attached | |
| | 를 하는 이 시간 사람들이 있어야 한다. 이 없는 사람이 아르고 사람들이 되어 있다면 하는데 모르고 있다면 하는데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른 | es from Part 4, including any entries for pa | | \$300.72 |
| | | | | |
| | | | | |
| Part 5: | Describe Any Business | Related Property You Own or Ha | ve an Interest In. List any r | eal estate in Part 1. |
| 37. Do you | own or have any legal or equita | ble interest in any business-related proper | ty? | |
| | Go to Part 6. | | | |
| ☐ Yes | s. Go to line 38. | | | |
| | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. Accou r | nts receivable or commissions y | ou already earned | | |
| ☑ No | | on pro-demanded (F) (VIII and III and III) | | |
| ☐ Yes | s. Describe | | | \$ |
| 30 Office | equipment, furnishings, and sup | nlies | | ###################################### |
| | | e, modems, printers, copiers, fax machines, rugs, te | lephones, desks, chairs, electronic devices | P) |
| No No | | | | |
| Yes | s. Describe | | | \$ |

Official Form 106A/B Schedule A/B: Property page 8

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Przemyslaw Zakowski Debtor 1 Case number (if known) First Name Middle Name 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade M No ☐ Yes. Describe...... 41. Inventory No No ☐ Yes. Describe...... 42. Interests in partnerships or joint ventures ☐ Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No ☐ Yes. Describe...... 44. Any business-related property you did not already list No No ☐ Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish No No ☐ Yes.....

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| Debt | tor 1 | Przemyslaw First Name Midd | fle Name Last N | Zakov | vski | , | Case number (if known) | | | |
|----------------|---------------|-------------------------------|-----------------------|---------------------|------------|-------------|--------------------------------|------------|------------|-----------|
| | | | | | | | | | | |
| | | ther growing or h | narvested | | | | | | | |
| | | ive specific | | | | | | | | |
| | | ation | | | | | | | \$ | |
| | arm and No | fishing equipme | nt, implements, ma | chinery, fixtures | , and tool | s of trade | | | | |
| | Yes | | | | | | | | | |
| 50 E | arm and | fiching cumplies | chemicals, and fe | ad | | | | | \$ | |
| | 1 No | naming supplies, | chemicais, and le | eu | | | | | | |
| | Yes | | | | | | | | • | |
| 51 A | nu form | and commercial | fishing-related pro | norty you did no | t already | liet | | | Φ | |
| E | 1 No | | nsining-related pro | perty you did no | n alleady | 1131 | | | | |
| L | | ive specific | | | | | | | \$ | |
| | | | | | | | you have attached | _ [| \$ | 0.00 |
| fo | or Part 6. | Write that numb | er here | | | | - | → [| - | |
| Wilson Marie | | | | | • | | | | | |
| Part | 7/E D | escribe All P | roperty You O | wn or Have a | in Intere | est in That | You Did Not List Abov | ve | | |
| | | ve other propert | y of any kind you o | did not already lis | st? | | | | | |
| | 1 No | | | | | | | | \$ | |
| | | ive specific ation | | | | | | | \$ | |
| | | | | | | | | | \$ | |
| 54. A c | dd the de | ollar value of all o | of your entries from | n Part 7. Write th | at numbe | r here | | → | \$ | |
| | | | | | | | | į | | |
| Part | 8: L | ist the Totals | s of Each Part | of this Form | | | | | | |
| 55. P a | art 1: Tot | al real estate, lin | e 2 | | | | | → | \$12 | 25,551.00 |
| 56. P a | art 2: Tot | al vehicles, line | 5 | | \$ | 12,050.00 | | | | |
| | | | nousehold items, li | ine 15 | \$ | 575.00 | | | | |
| | | al financial asse | | | \$ | 300.72 | | | | |
| | | | ed property, line 4 | 5 | \$ | 0.00 | | | | |
| | | | ing-related propert | | s | 0.00 | | | | |
| | | | not listed, line 54 | | +\$ | 0.00 | | | | |
| | | | | 21 | • | 12,925.72 | Copy personal property total | 4 | + s | 12,925.72 |
| 62. T | otal pers | onai property. Ad | ld lines 56 through 6 |) • ······ | a | | _ copy personal property total | | . 5 | |
| 63 T | otal of all | property on Sch | edule A/B. Add line | 55 + line 62 | | | | | \$ 1 | 38,476.72 |
| 03.10 | car of all | property on our | | . Jo mio oznam | | | | | | |

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| Debtor 1 | Przemyslaw | | Zakowski |
|---------------------------|--------------------------|----------------------------|-----------|
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Case number | Bankruptcy Court for the | e:Northern District of III | linois |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exemptions are you claiming? | Check one only, | even if your | spouse is filing with you | ı. |
|----|---|-----------------|--------------|---------------------------|----|
|----|---|-----------------|--------------|---------------------------|----|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| | on of the property and line on that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|----------------------------|---|--------------------------------------|--|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| Brief description: | Real Estate | \$ <u>125,551.00</u> | ☑ \$ 15,000.00 | 735 ILCS 5/12-901 |
| Line from Schedule A/B: | 1.1 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Vehicle | \$ <u>12,050.00</u> | ☑ \$ <u>2,400.00</u> | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: | 3.1 | | ■ 100% of fair market value, up to any applicable statutory limit | <u> </u> |
| Brief description: | Furniture/Appliances | \$ <u>375.00</u> | ☑ \$ 375.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | 6 | | 100% of fair market value, up to any applicable statutory limit | |

| 3. | Are you | claiming a | homestead | exemption | of more | than | \$160 | .375? |
|----|---------|------------|-----------|-----------|---------|------|-------|-------|
|----|---------|------------|-----------|-----------|---------|------|-------|-------|

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

M No

- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 - ☐ No
 - Yes

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Debtor 1

Przemyslaw Zakowski Case number (if known)

| | ion of the property and line A/B that lists this property | | t value of the you own | Amount of | f the exemption you claim | Specific laws that allow exemption |
|----------------------------|---|-------------------|------------------------|-----------------------|---|------------------------------------|
| | | Copy th Schedu | e value from le A/B | Check only | one box for each exemption | |
| Brief description: | Electronics | \$ | 120.00 | Ø \$ | 120.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | 7 | | | | of fair market value, up to plicable statutory limit | |
| Brief description: | Clothes | \$ | 80.00 | All the second second | | 735 ILCS 5/12-1001(a) |
| Line from Schedule A/B: | 11 | | | | of fair market value, up to plicable statutory limit | <u>0</u> _1_2 |
| Brief description: | Deposits of Money | \$ | 300.72 | u \$ | 300.72 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | 17 | | | | of fair market value, up to plicable statutory limit | |
| Brief description: | | \$ | | - \$ | | |
| Line from Schedule A/B: | | | | | of fair market value, up to plicable statutory limit | |
| Brief description: | | \$ | | - | | |
| Line from Schedule A/B: | | | | | of fair market value, up to plicable statutory limit | |
| Brief description: | | \$ | | _ \$ | | |
| Line from Schedule A/B: | | | | | of fair market value, up to plicable statutory limit | |
| Brief description: | | \$ | | □ s | | |
| Line from Schedule A/B: | | | | | of fair market value, up to plicable statutory limit | |
| Brief description: | | \$ | | \$ | of fair market value, up to | |
| Line from Schedule A/B: | <u></u> | | | | plicable statutory limit | |
| Brief description: | | \$ | | - \$ | | |
| Line from Schedule A/B: | | | | | of fair market value, up to olicable statutory limit | |
| Brief description: | | \$ | | - \$ | | |
| Line from Schedule A/B: | | | | | of fair market value, up to olicable statutory limit | |
| Brief description: | | \$ | | □ \$ | of fair market value, up to | |
| Line from Schedule A/B: | | | | | plicable statutory limit | |
| Brief description: | | \$ | | _ s | | |
| Line from Schedule A/B: | | | | | of fair market value, up to olicable statutory limit | |

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| Debtor 1 Przemyslaw | Zakowski | | | |
|--|---|--|--|--------------------------|
| Debtor 2 | Name Last Name | | | |
| 1 (Annual Control of C | Name Last Name | | | |
| United States Bankruptcy Court for the: Northern | District of Illinois | | | |
| Case number (If known) | | | ☐ Check | if this is an |
| | | | amen | ded filing |
| Official Form 106D | | | | |
| | WI II OI-: C | | | |
| Schedule D: Creditor | s Who Have Claims Secur | ed by Prop | erty | 12/15 |
| information. If more space is needed, copadditional pages, write your name and ca 1. Do any creditors have claims secured No. Check this box and submit this for | by your property? rm to the court with your other schedules. You have noth | and attach it to this | form. On the top o | ct of any |
| Yes. Fill in all of the information below Part 1: List All Secured Claims | 6. | | | |
| WATER A | | Column A | Column B | Column C |
| for each claim. If more than one creditor I | more than one secured claim, list the creditor separately nas a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Bayview Financial Loan | Describe the property that secures the claim: | _{\$148,029.00} | \$125,551.00 | \$22,478.00 |
| Creditor's Name 4425 Ponce De Leon Blvd. | Real Estate: 2606 Michael Street, Wonder | | | |
| Number Street | - Lake, IL 60097 | | | |
| | As of the date you file, the claim is: Check all that apply. — — Contingent | | | |
| Coral Gables FL 33146 | Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | - | | |
| Date debt was incurred 09/20/2003 | Last 4 digits of account number 6 8 0 0 | | | |
| 2.2 Nissan Motor Acceptanc | Describe the property that secures the claim: | s 32,597.00 | s 12,050.00 | \$20,547.00 |
| Creditor's Name | 2013 Nissan Pathfinder | N- | 7 | |
| PO Box 660360 Number Street | - 2013 Nissail Fatililide | | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| | | | | |
| Dallas TX 75266 | Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| City State ZIP Code Who owes the debt? Check one. | Disputed Nature of lien. Check all that apply. | | | |
| City State ZIP Code | ☐ Disputed | | | |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | □ Disputed Nature of lien. Check all that apply. ☑ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) | | | |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only | ☐ Disputed Nature of lien. Check all that apply. ☑ An agreement you made (such as mortgage or secured car loan) | | | |

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| Fill | in this ir | nformation to identify | your case: | | | | 1 | | | |
|-------------------------------------|--|---|--|--|---|--|--|--|---|---------------------------------|
| | are there | Przemyslaw | Anterior SPARS | P024500 | Zakowsk | zi | | | | |
| Debi | lor i | First Name | Middle Name | | Last Name | M . | | | | |
| | tor 2 use, if filing | First Name | Middle Name | | Last Name | | | | | |
| Unite | ed States | Bankruptcy Court for the: | Northern District of | of Illinois | | ~ | | | - | |
| | e number nown) | | | | | | | | 11 mm 11 mm 12 mm | ck if this is an nded filing |
| Offi | icial F | orm 106E/F | | | | | - | | | |
| - | | ule E/F: Cre | ditors W | /ho l | Have | Unsec | ured Clair | ns | | 12/15 |
| Be as | comple | te and accurate as po | ssible. Use Part | 1 for cre | ditors with | PRIORITY | laims and Part 2 fo | r creditors with | NONPRIORI | TY claims. |
| List the A/B: If credit needs any a | he other Property tors with ed, copy additiona | party to any executor (Official Form 106A/E partially secured cla the Part you need, fil I pages, write your na | ry contracts or u 3) and on Schedu ims that are liste I it out, number t ime and case nu | nexpired ule G: Ex d in Sch he entrie mber (if | d leases the recutory C redule D: C res in the bo known). | at could resu ontracts and reditors Who | It in a claim. Also I Unexpired Leases Have Claims Secu | ist executory c (Official Form 1 red by Propert) | ontracts on S 06G). Do not v. If more spa | chedule include any ce is |
| Part | W - | st All of Your PRIO | KIIT Unsecure | ed Clair | ns ———— | | | | | |
| 4 | No. Go | editors have priority u to Part 2. | insecured claims | agains | t you? | | | | | |
| | Yes. | | | | | | and the second s | | | a alaima Fas |
| no un | ach claim onpriority nsecured | your priority unsecur listed, identify what typ amounts. As much as claims, fill out the Con- | poe of claim it is. If a possible, list the claim tinuation Page of l | a claim h laims in Part 1. If | as both prical phabetical more than | ority and nonp I order accord one creditor h | riority amounts, list t ling to the creditor's r olds a particular clair | hat claim here a name. If you hav | nd show both e more than to | priority and wo priority |
| (F | or an ex | planation of each type of | of claim, see the ir | nstruction | ns for this fo | rm in the inst | ruction booklet.) | Total claim | Priority | Nonpriority |
| | | | | | | | | | amount | amount |
| 2.1 | | | | Last 4 | digits of ac | count numbe | | \$ | \$ | \$ |
| F | Priority Cred | litor's Name | | | | ot incurred? | | | | |
| ī | Number | Street | | vviien | was the uet | ot incurred: | | | | |
| | | | | As of t | he date you | file, the clain | n is: Check all that app | ly | | |
| 7 | Olby | Ctata | 7ID Code | ☐ Co | ntingent | | | | | |
| | City | State | ZIP Code | ☐ Uni | liquidated | | | | | |
| | | irred the debt? Check or | ne. | ☐ Dis | puted | | | | | |
| | ☐ Debto | | | | | | ************************************** | | | |
| | Debtor | | | Type o | of PRIORIT | Y unsecured | claim: | | | |
| | | 1 and Debtor 2 only st one of the debtors and a | | | | rt obligations | | | | |
| | | Control of the second second | man and the | ☐ Tax | kes and certa | in other debts y | ou owe the government | | | |
| Į. | ☐ Check | c if this claim is for a co | ommunity debt | | | or personal inju | ury while you were | | | |
| 1 | ls the cla | im subject to offset? | | | xicated | | | | | |
| | ☐ No | | | ☐ Oth | er. Specify_ | | | 34 | | |
| | ☐ Yes | | | | | | | | | |
| 2.2 | | | | Last 4 | digits of ac | count number | r | S | \$ | s |
| F | Priority Cred | litor's Name | | | 1000 | t incurred? | | Ψ | - Y | |
| 14 | | | | wileii | was the uer | incurred: | - | | | |
| 1 | Number | Street | | As of t | he date you | file, the clain | n is: Check all that appl | y | | |
| 37 | | | | ☐ Cor | ntingent | | | | | |
| ō | City | State | ZIP Code | | iquidated | | | | | |
| | 200 | rred the debt? Check or | ne . | Dis Dis | | | | | | |
| | Debtor | | 16. | | | | A Mark Tuber Low Co | | | |
| | Debtor | | | | | Y unsecured | ciaim: | | | |
| | | 1 and Debtor 2 only | | | | rt obligations | | | | |
| | | t one of the debtors and a | nother | | | | ou owe the government | | | |
| | | c if this claim is for a co | | | ims for death | or personal inj | ury while you were | | | |
| | | im subject to offset? | v. v | | | | | | | |
| | Sithe cla ☐ No ☐ Yes | iiii subject to onset? | | - Oth | er. opedity _ | | | - | | |

| | | Case 17-81990 D0 | CIF | Document | Page 24 of 38 | waiii | l |
|---------------|------------|--|-----------------------------|------------------------|--|-------------|-------------|
| Deb | tor 1 | Przemyslaw | | Zakows | | | |
| Total Control | STATE | First Name Middle Name | Last Nan | ne | | | |
| Pa | rt 2: | List All of Your NONPRIO | ORITY Un | secured Claims | | | |
| 3. | Do a | ny creditors have nonpriority u | nsecured | claims against you | 1? | | |
| | | | his part. So | ubmit this form to the | e court with your other schedules. | | |
| | M Y | es | | | | | |
| | nonpi | riority unsecured claim, list the cre | editor sepa editor holds | rately for each clain | order of the creditor who holds each claim. If a creditor has n. For each claim listed, identify what type of claim it is. Do no list the other creditors in Part 3.If you have more than three no | t list clai | ims already |
| | | | | | | Tota | al claim |
| 4.1 | Citi | i Cards | | | Last 4 digits of account number 5 3 4 0 | | |
| | | priority Creditor's Name | | | 00/01/0011 | \$ | 12,727.00 |
| | | Box 6497 | | | When was the debt incurred? 03/01/2014 | | |
| | Num | oux Falls | SD | 57117 | | | |
| | City | oux raiis | State | ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | | | | | ☐ Contingent | | |
| | Who | o incurred the debt? Check one. | | | ☐ Unliquidated | | |
| | | Debtor 1 only | | | ☐ Disputed | | |
| | | Debtor 2 only | | | | | |
| | 1111 | Debtor 1 and Debtor 2 only At least one of the debtors and anothe | 20 | | Type of NONPRIORITY unsecured claim: | | |
| | | | | | Student loans | | |
| | | Check if this claim is for a commu | unity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | - | ne claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | ř. | |
| | | | | | ✓ Other. Specify Credit Card | | |
| | | res | | | | | |
| 4.2 | Koh | hls/capone | | | Last 4 digits of account number 9 5 9 2 | \$ | 3,660.00 |
| | Nonp | priority Creditor's Name | | | When was the debt incurred? 06/01/2012 | | |
| | | 6 W 17000 Ridgewood Dr. | | | | | |
| | Numb | nomonee Falls | WI | 53051 | As of the date you file, the claim is: Check all that apply. | | |
| | City | Homonee Falls | State | ZIP Code | ☐ Contingent | | |
| | Who | incurred the debt? Check one. | | | ☐ Unliquidated | | |
| | 200 | Debtor 1 only | | | ☐ Disputed | | |
| | | Debtor 2 only | | | - (10)100100100 | | |
| | | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | J / | At least one of the debtors and another | r | | Student loans | | |
| | | Check if this claim is for a commu | ınity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is th | ne claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | 1 | | | | ☑ Other. Specify Credit Card | | |
| | | /es | | | | | |
| 4.3 | Dsr | nb Macys | | | Last 4 digits of account number 3 2 1 0 | | 3.482.00 |
| | | riority Creditor's Name | | | When was the debt incurred? 09/01/2009 | \$ | 0,102.00 |
| | PO | Box 8218 per Street | | | | | |
| | | SON | ОН | 45040 | | | |
| | City | | State | ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | Who | incurred the debt? Check one. | | | ☐ Contingent | | |
| | 2 | Debtor 1 only | | | ☐ Unliquidated ☐ Disputed | | |
| | | Debtor 2 only | | | _ Sisperior | | |
| | | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |

No No

☐ Yes

lacksquare At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community debt

■ Student loans

Other. Specify Credit Card

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

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| Deb | tor 1 Przemyslaw First Name Middle Name | Last Nar | Zakow | Case number (# known) | |
|-----|---|----------------|-------------------|---|-------------|
| Pa | rt 2: Your NONPRIORITY Uns | ecured C | laims — Contin | uation Page | |
| | Tour North Month 1 ons | ecureu c | | uation raye | |
| Aft | er listing any entries on this page, r | umber the | em beginning with | h 4.4, followed by 4.5, and so forth. | Total claim |
| 4.4 | Jh Portfolio Dept Equi | | | Last 4 digits of account number 2 4 5 7 | \$_3,006.0 |
| | 5757 Phantom Dr., Ste 225 | | | When was the debt incurred? 12/01/2016 | |
| | Number Street Hazelwood | МО | 63042 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | Unliquidated | |
| | Debtor 1 only | | | ☐ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| | At least one of the debtors and another | er | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a comm | unity debt | | you did not report as priority claims | |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card | |
| | ☑ No ☐ Yes | | | | |
| 4.5 | | | | | |
| | Med Busi Mur | | | Last 4 digits of account number 3 0 3 7 | \$ 2,835.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 08/01/2016 | |
| | 1460 Renaissance Dr. Number Street | | | _ | |
| | Park Rdige | IL | 60068 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | Unliquidated | |
| | ☑ Debtor 1 only | | | ☐ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | Student loans | |
| | At least one of the debtors and another | er | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a comm | unity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | | Other. Specify Medical Bill | |
| | ☑ No | | | | |
| | ☐ Yes | | | | |
| 4.0 | | | | | s 2,677.00 |
| 4.6 | Capital One | | | Last 4 digits of account number 9 7 2 9 | \$ 2,677.00 |
| | Nonpriority Creditor's Name | HOSE OF STREET | | - 07/04/2044 | |
| | 15000 Capital One Dr. | | | When was the debt incurred? 07/01/2011 | |
| | Number Street Richmond | VA | 23238 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | □ Contingent | |
| | | | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | Student loans | |
| | At least one of the debtors and another | r | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a commi | unity debt | | you did not report as priority claims | |
| | Is the claim subject to offset? | | | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify Credit Card | |
| | No | | | other, opening of edit odito | |
| | ☐ Yes | | | | |

| | Case 17-81990 | Doc 1 | Filed 08/24/17 Document | Entered 08/24/17 12:22:07 Desc Ma Page 26 of 38 | in |
|---------|--|---------------|----------------------------|--|---|
| Debtor | | | Zakowski | Case number (if known) | |
| | First Name Middle Name | Last N | ame | | |
| Part : | 2 Your NONPRIORITY I | Jnsecured | Claims — Continuati | ion Page | *************************************** |
| After I | isting any entries on this pag | je, number ti | nem beginning with 4.4 | 4, followed by 4.5, and so forth. | Total claim |
| | Capital One | | | Last 4 digits of account number 3 4 4 3 | \$ 2,657.00 |
| | onpriority Creditor's Name 5000 Capital One Dr. | | | When was the debt incurred? 07/01/2011 | |
| N | umber Street Richmond | VA | 23238 | As of the date you file, the claim is: Check all that apply. | |
| c | ty /ho incurred the debt? Check or | State | ZIP Code | ☐ Contingent ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and ar | nother | | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | |
| ls | Check if this claim is for a co the claim subject to offset? No Yes | mmunity deb | t | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card | |
| 4.8 | lidland Funding | | | Last 4 digits of account number 7 2 3 1 | <u>\$ 2,615.00</u> |
| No | onpriority Creditor's Name 365 Northside Dr., Ste 30 |) | | When was the debt incurred? 12/01/2016 | |
| N | an Diego | CA | 92108 | As of the date you file, the claim is: Check all that apply. | |
| Ci | Control of the Contro | State | ZIP Code | ☐ Contingent ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and ar | other | | Student loans Obligations arising out of a separation agreement or divorce that | |
| | Check if this claim is for a co the claim subject to offset? | mmunity debi | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card | |
| N. | No I Yes | | | Other. Specify Orealt Card | |
| | ortfolio Recovery Assoc | | <u></u> | Last 4 digits of account number 7 0 4 6 | \$_2,551.00 |
| | 20 Corporate Blvd., Ste 1 | | | When was the debt incurred? 12/01/2016 | |
| | mber Street orfolk | VA | 23502 | As of the date you file, the claim is: Check all that apply. | |
| Cit | | State | ZIP Code | ☐ Contingent☐ Unliquidated☐ Disputed☐ | |

| Norfolk Street | VA | 23502 | As of the date you file, the claim is: Check all that apply. |
|-------------------------------|------------------|----------|--|
| City | State | ZIP Code | ☐ Contingent |
| | | | ☐ Unliquidated |
| Who incurred the debt? Che | eck one. | | ☐ Disputed |
| Debtor 1 only | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans |
| At least one of the debtors | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| ☐ Check if this claim is for | a community debt | | Debts to pension or profit-sharing plans, and other similar debts |
| Is the claim subject to offse | t? | | Other, Specify Credit Card |
| ☑ No | | | E BANKE TO AND COMMUNICATIONS AND EAST TO THE COMMUNICATION OF THE COMMU |
| ☐ Yes | | | |

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|--------|---|-----------------|----------------------------|---|------------------|
| Debtor | | | Zakowski | Case number (if known) | |
| | First Name Middle Nam | ie Last Na | me | | |
| Part | 2: Your NONPRIORITY | Unsecured C | laims — Continuati | on Page | |
| After | listing any entries on this p | age, number the | em beginning with 4.4 | i, followed by 4.5, and so forth. | Total claim |
| 100 | Citi | | | Last 4 digits of account number 1 0 5 0 | \$_1,903.00 |
| | Onpriority Creditor's Name O Box 6241 | | | When was the debt incurred? 07/01/2015 | |
| | lumber Street Sioux Falls | SD | 57117 | As of the date you file, the claim is: Check all that apply. | |
| ō | ity | State | ZIP Code | ☐ Contingent ☐ Unliquidated | |
| | Vho incurred the debt? Check ☑ Debtor 1 only | one. | | ☐ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and | l another | | ☐ Student loans | |
| | Check if this claim is for a | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | s the claim subject to offset? | , | | □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card | |
| | ₫ No | | | Ottor. Specify Streets Services | |
| 5.1 T | Yes Td Bank USA/targetcred | I | | Last 4 digits of account number 6 7 4 8 | s_1,713.00 |
| F | PO Box 673 | | | When was the debt incurred? 11/01/2005 | |
| | umber Street Minneapolis | MN | 55440 | As of the date you file, the claim is: Check all that apply. | |
| .020 | ity | State | ZIP Code | ☐ Contingent | |
| v | Vho incurred the debt? Check | one. | | ☐ Unliquidated☐ Disputed | |
| | Z Debtor 1 only | | | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and | another | | Student loans Obligations arising out of a separation agreement or divorce that | |
| | Check if this claim is for a | community debt | | you did not report as priority claims | |
| Is | the claim subject to offset? | | | □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card | |
| | ☑ No ☑ Yes | | | | |
| 5.2 | | | | 2 2 2 2 | \$ 1,453.00 |
| | Capital One | | | Last 4 digits of account number 8 0 9 2 | (3) - |
| | onpriority Creditor's Name 5000 Capital One Dr. | | | When was the debt incurred? 07/01/2011 | |
| N | umber Street | 1/4 | 00000 | As of the date you file, the claim is: Check all that apply. | |
| | Richmond | VA State | 23238 ZIP Code | ☐ Contingent | |
| C | 7 | Cidio | | Lipliquidated | |

☑ No ☐ Yes

Who incurred the debt? Check one.

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

Debtor 1 only

Debtor 2 only

☐ Disputed

☐ Student loans

Type of NONPRIORITY unsecured claim:

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

□ Debts to pension or profit-sharing plans, and other similar debts
 ☑ Other. Specify Credit Card

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Page 28 of 38 Document Przemyslaw Zakowski Debtor 1 Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 5.3 Last 4 digits of account number 4 1 0 4 \$ 1,333.00 Lvnv Funding IIc Nonpriority Creditor's Name 12/01/2016 When was the debt incurred? PO Box 10497 Number As of the date you file, the claim is: Check all that apply. Greenville SC 29603 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ✓ Other. Specify Credit Card M No ☐ Yes Last 4 digits of account number 6 7 8 6 \$ 1,296.00 Merrick Bank Corp Nonpriority Creditor's Name 06/01/2015 When was the debt incurred? PO Box 9201 Number As of the date you file, the claim is: Check all that apply. Old Bethpage NY 11804 Contingent State ZIP Code ■ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts other. Specify Credit Card Is the claim subject to offset? M No Yes 5.5 1,223.00 Last 4 digits of account number 9 2 2 8 Lvnv Funding Llc Nonpriority Creditor's Name When was the debt incurred? 01/01/2017 PO Box 10497 As of the date you file, the claim is: Check all that apply. Greenville SC 29603 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card

M No ☐ Yes

Is the claim subject to offset?

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| Deb | tor 1 Przemyslaw First Name Middle Name | Last Nam | Zakowsl | KI Case number (# known) | |
|------|---|------------|------------------|--|-------------|
| Pa | rt 2: Your NONPRIORITY Unse | | | ation Page | |
| Afte | er listing any entries on this page, n | umber the | m beginning with | 4.4, followed by 4.5, and so forth. | Total claim |
| 5.6 | Cavalry Portfolio Service | | | Last 4 digits of account number 2 0 1 0 | \$_1,079.00 |
| | PO Box 27288 | | | When was the debt incurred? 03/01/2017 | |
| | Number Street Tempe | AZ | 85285 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | | | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| | ☐ At least one of the debtors and anothe | r | | Obligations arising out of a separation agreement or divorce that | |
| | Check if this claim is for a commu | unity debt | | you did not report as priority claims | |
| | Is the claim subject to offset? | , | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card | |
| | ☑ No | | | other. Specify Orealt Gard | |
| | ☐ Yes | | | | |
| | | | | | |
| 5.7 | | | | | |
| | Thd/cbna | | | Last 4 digits of account number 1 6 6 8 | \$_1,059.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 03/01/2005 | |
| | PO Box 6497 | | | When was the debt incurred: | |
| | Number Street Sioux Falls | SD | 57117 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | ☐ Contingent | |
| | | | | ☐ Unliquidated | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | | |
| | ☐ At least one of the debtors and another | r | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a commu | mity debt | | you did not report as priority claims | |
| | | inity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | | Other. Specify Credit Card | |
| | ☑ No □ Yes | | | | |
| | _ 100 | | | | |
| 5.8 | | | | | \$918.00 |
| | Portfolio Recovery Assoc | | | Last 4 digits of account number 7 5 6 4 | |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 12/01/2016 | |
| | 120 Corporate Blvd., Ste 1 | | | | |
| | Norfolk | VA | 23502 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | |
| | ☑ Debtor 1 only | | | □ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| | At least one of the debtors and another | r | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a commu | ınity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | | Other, Specify Credit Card | |
| | ☑ No | | | 2 UN | |

☐ Yes

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|---------------|---|---------------|----------------------------|--|----|------------|
| Debtor 1 | Przemyslaw | | Zakowski | Case number (if known) | | |
| | First Name Middle Name | Last N | ame | Case Harrises (I Nichri) | | |
| Part 2 | Your NONPRIORITY U | Jnsecured (| Claims — Continuat | ion Page | | |
| After I | isting any entries on this pag | je, number th | nem beginning with 4.4 | 4, followed by 4.5, and so forth. | То | otal claim |
| | tanisccontr | | | Last 4 digits of account number 9 5 N 1 | \$ | 623.00 |
| | onpriority Creditor's Name 14 14th Street | | | When was the debt incurred? 04/18/2016 | | |
| N | umber Street | CA | 95353 | As of the date you file, the claim is: Check all that apply. | | |
| Ci | | State | ZIP Code | ☐ Contingent ☐ Unliquidated | | |
| 4 | /ho incurred the debt? Check or Debtor 1 only Debtor 2 only | e. | | ☐ Disputed Type of NONPRIORITY unsecured claim: | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and ar | nother | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | | |
| Is | Check if this claim is for a co the claim subject to offset? | mmunity deb | t | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unknown Loan Type | | |
| 200 | No Yes | | | | | |
| 6.0 B | ankamerica | | | Last 4 digits of account number 0 2 7 2 | \$ | 0.00 |
| No | onpriority Creditor's Name | | | When was the debt incurred? 09/12/2003 | | |
| 5 a 4 a 5 a 5 | 909 Savarese Circle | | | | | |
| | ampa | FL | 33634 | As of the date you file, the claim is: Check all that apply. | | |
| Cii W | ho incurred the debt? Check on | State e. | ZIP Code | ☐ Contingent☐ Unliquidated☐ Disputed | | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| promp | Debtor 1 and Debtor 2 only At least one of the debtors and ar | nother | | Student loans Obligations arising out of a separation agreement or divorce that | | |
| | Check if this claim is for a co | mmunity debt | t | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | the claim subject to offset? | | | ☑ Other Specify Unkn. Real Estate Mtg. | | |
| | No Yes | | | | | |
| 6.1 D | itech Financial Llc | | | Last 4 digits of account number 3 4 5 8 | \$ | 0.00 |
| No | onpriority Creditor's Name O Box 6172 | | | When was the debt incurred? 09/12/2003 | | |
| Nu | mber Street | | F7700 | As of the date you file, the claim is; Check all that apply. | | |
| R | apid City | SD State | 57709 ZIP Code | ☐ Contingent | | |
| | ho incurred the debt? Check on | | | Unliquidated Disputed | | |

Type of NONPRIORITY unsecured claim:

No. ☐ Yes

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community debt

☐ Disputed

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Przemyslaw Zakowski Debtor 1 Case number (# known) Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 6.2 Last 4 digits of account number 4 0 5 2 Lasalle Bk 0.00 Nonpriority Creditor's Name 09/12/2003 When was the debt incurred? 1350 East Touhy Number As of the date you file, the claim is: Check all that apply. Des Plaines IL 60018 State City ZIP Code Contingent Unliquidated Who incurred the debt? Check one. □ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Unknown Real Estate Is the claim subject to offset? M No Yes 6.3 Last 4 digits of account number 1 0 0 0 0.00 Santander Consumer USA Nonpriority Creditor's Name 07/01/2013 When was the debt incurred? PO Box 961245 As of the date you file, the claim is: Check all that apply. Fort Worth TX 76161 ☐ Contingent State 7IP Code Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Automobile Loan Is the claim subject to offset? No No ☐ Yes 6.4 0.00 Last 4 digits of account number 3 3 3 7 American Honda Finance Nonpriority Creditor's Name 09/01/2006 When was the debt incurred? 2170 Point Blvd., Ste 100 Number As of the date you file, the claim is: Check all that apply. IL 60123 Elgin State 7IP Code ☐ Contingent ■ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt ☐ Debts to pension or profit-sharing plans, and other similar debts

☑ Other. Specify Auto Installment

V No ☐ Yes

Is the claim subject to offset?

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Page 32 of 38 Document Przemyslaw Zakowski Debtor 1 Case number (if known) Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 6.5 Last 4 digits of account number 5 5 1 5 Amer Honda 0.00 Nonpriority Creditor's Name 10/15/2010 When was the debt incurred? 2170 Point Blvd., Ste 100 Number As of the date you file, the claim is: Check all that apply. Elgin II. 60018 City State ZIP Code Contingent Unliquidated Who incurred the debt? Check one □ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts other. Specify Auto Installment Is the claim subject to offset? M No ☐ Yes 6.6 Last 4 digits of account number 2 9 3 5 s 18,000.00 Aig Fsb Nonpriority Creditor's Name 06/04/2004 When was the debt incurred? 1 Corporate Drive As of the date you file, the claim is: Check all that apply. IL 60047 Lake Zurich ZIP Code State Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts ☑ Other, Specify Credit Line Is the claim subject to offset? M No ☐ Yes 6.7 0.00 Last 4 digits of account number 7 6 5 1 Syncb/hh Gregg Nonpriority Creditor's Na 05/01/2012 When was the debt incurred? PO Box 965036 As of the date you file, the claim is: Check all that apply. FL 32896 Orlando State ZIP Code ☐ Contingent ■ Unliquidated Who incurred the debt? Check one. □ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts

No No ☐ Yes

Is the claim subject to offset?

Other, Specify Charge Account

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| | zemyslaw | Last Nam | Zakowski | Case number (if known) | | |
|--------------------------|---|------------|--------------------|---|------|---------|
| Part 2: You | r NONPRIORITY Unse | ecured C | laims — Continua | tion Page | | |
| After listing an | y entries on this page, n | umber the | m beginning with 4 | .4, followed by 4.5, and so forth. | Tota | l claim |
| Comenity Nonpriority Cre | ybank/meijermc | | | Last 4 digits of account number 5 1 1 8 | \$ | 0.00 |
| PO Box | | | | When was the debt incurred? 05/01/2005 | | |
| Number | Street | ОН | 43218 | As of the date you file, the claim is: Check all that apply. | | |
| City | | State | ZIP Code | ☐ Contingent | | |
| | | | | ☐ Unliquidated | | |
| Who incurr | red the debt? Check one. | | | ☐ Disputed | | |
| Debtor 1 | | | | | | |
| Debtor 2 | | | | Type of NONPRIORITY unsecured claim: | | |
| | and Debtor 2 only | | | ☐ Student loans | | |
| ☐ At least of | one of the debtors and another | t: | | Obligations arising out of a separation agreement or divorce that | | |
| ☐ Check i | f this claim is for a commu | inity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim | subject to offset? | | | Other. Specify Credit Card | | |
| ☑ No | | | | Other. Specify Orosic Sara | | |
| ☐ Yes | | | | | | |
| | | | | | | |
| 20 | | | | | | |
| 6.9 | -l 0 l O | | | Last 4 digits of account number 3 8 1 8 | \$ | 0.00 |
| Nonpriority Cre | ales & Lease Ow | | | | * | |
| | bb Place Blvd Nw | | | When was the debt incurred? 08/01/2012 | | |
| Number | Street | | | | | |
| Kennesa | | GA | 30144 | As of the date you file, the claim is: Check all that apply. | | |
| City | | State | ZIP Code | Contingent | | |
| | | | | ☐ Unliquidated | | |
| Who incurr | ed the debt? Check one. | | | ☐ Disputed | | |
| ☑ Debtor 1 | | | | | | |
| Debtor 2 | | | | Type of NONPRIORITY unsecured claim: | | |
| | and Debtor 2 only | | | ☐ Student loans | | |
| ☐ At least o | one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that | | |
| ☐ Check if | f this claim is for a commu | nity debt | | you did not report as priority claims | | |
| le the eleim | subject to offset? | • | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Installment Lease | | |
| ☑ No | subject to onset? | | | Other. Specify Installment Lease | | |
| ☑ No ☐ Yes | | | | | | |
| ☐ Yes | | | | | | |
| 7.0 | | | | | \$ | 0.00 |
| Syncb/jcp | 2 | | | Last 4 digits of account number 7 0 4 6 | Φ | |
| Nonpriority Cre | | | | 07/01/2014 | | |
| PO Box 9 | 965007 | | | When was the debt incurred? 07/01/2014 | | |
| Number | Street | - | | As of the date you file the claim in Check all that apply | | |
| Orlando | | FL | 32896 | As of the date you file, the claim is: Check all that apply. | | |
| City | | State | ZIP Code | Contingent | | |
| Mars in a comme | ed the debt? Check one. | | | Unliquidated | | |
| | | | | ☐ Disputed | | |
| Debtor 1 | 5000 B | | | Type of NONDRIORITY upges and claim: | | |
| Debtor 2 | | | | Type of NONPRIORITY unsecured claim: | | |
| | and Debtor 2 only one of the debtors and another | | | ☐ Student loans | | |
| | | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ☐ Check if | f this claim is for a commu | nity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim | subject to offset? | | | Other Specify Charge Account | | |

☑ No ☐ Yes

Official Form 106E/F

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Page 34 of 38 Document Przemyslaw Zakowski Debtor 1 Case number (if known) Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Last 4 digits of account number 4 1 0 4 Credit One Bank NA 0.00 Nonpriority Creditor's Name 01/01/2014 When was the debt incurred? PO Box 98872 Number As of the date you file, the claim is: Check all that apply. Las Vegas NV 89193 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. ■ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? M Other, Specify Credit Card M No ☐ Yes 7.2 Last 4 digits of account number 9 2 2 8 0.00 Webbank/gettington Nonpriority Creditor's Nam 08/01/2015 When was the debt incurred? 6250 Ridgewood Rd. As of the date you file, the claim is: Check all that apply. Saint Cloud MN 56303 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? other. Specify Charge Account M No ☐ Yes 7.3 0.00 Last 4 digits of account number 3 3 0 1 Syncb/bp Nonpriority Creditor's Name 04/01/2016 When was the debt incurred? PO Box 965024 Number As of the date you file, the claim is: Check all that apply. Orlando FL 32896 ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed ☑ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ☐ Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ✓ Other. Specify Charge Account

☐ No☐ Yes

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Przemyslaw Zakowski Debtor 1 Case number (If known) Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 7.4 Last 4 digits of account number 7 5 6 4 Svncb/walmart 0.00 Nonpriority Creditor's Name 09/01/2014 When was the debt incurred? PO Box 965024 Number As of the date you file, the claim is: Check all that apply. Orlando FL 32896 City State ZIP Code Contingent ■ Unliquidated Who incurred the debt? Check one □ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ☐ Student loans ☐ At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts other. Specify Charge Account Is the claim subject to offset? M No ☐ Yes 7.5 Last 4 digits of account number 4 8 2 3 0.00 Chase Card Nonpriority Creditor's Name 08/01/2005 When was the debt incurred? PO Box 15298 Number As of the date you file, the claim is: Check all that apply. Wilmington DE 19850 Contingent State ZIP Code ■ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts other. Specify Credit Card Is the claim subject to offset? M No ☐ Yes 0.00 7.6 Last 4 digits of account number 2 5 0 9 Capital One Nonpriority Creditor's Name 11/01/2005 When was the debt incurred? 15000 Capital One Drive Number As of the date you file, the claim is: Check all that apply. VA 23238 Richmond State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Is the claim subject to offset? ☐ No ☐ Yes

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| Debi | tor 1 Przemyslaw First Name Middle Name | Last Nan | Zakowski | Case number (if known) | | |
|------|--|-------------|-----------------------|---|------|---------|
| Pai | t 2: Your NONPRIORITY Un | secured C | laims — Continuat | ion Page | | |
| Afte | er listing any entries on this page, | number the | em beginning with 4.4 | 4, followed by 4.5, and so forth. | Tota | l claim |
| 7.7 | Capital One | | | Last 4 digits of account number 6 1 2 4 | \$ | 0.00 |
| | Nonpriority Creditor's Name 15000 Capital One Dr, | | | When was the debt incurred? 09/01/2004 | | |
| | Number Street | 1000 | | As of the date were file the states in Obstantial and | | |
| | Richmond | VA | 23238 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | ☐ Contingent ☐ Unliquidated | | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| | ☐ At least one of the debtors and anoth | ner | | Obligations arising out of a separation agreement or divorce that | | |
| | ☐ Check if this claim is for a comm | nunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | | Other. Specify Charge Account | | |
| | ₩ No | | | | | |
| | Yes | | | | | |
| 7.8 | | | | 0.000 | | |
| | Capital One | | | Last 4 digits of account number 4 6 2 3 | \$ | 0.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 03/01/2005 | | |
| | 15000 Capital One Dr. Number Street | | | - | | |
| | Richmond | VA | 23238 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated☐ Disputed | | |
| | ☑ Debtor 1 only | | | _ Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| | At least one of the debtors and anoth | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ☐ Check if this claim is for a comm | nunity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | | Other. Specify Charge Account | | |
| | ☑ No ☐ Yes | | | | | |
| | ☐ Yes | | | | | |
| 7.9 | | | | 0 4 2 2 | \$ | 0.00 |
| | Comenitybank/meijer | | | Last 4 digits of account number 2 1 3 2 | | |
| | Nonpriority Creditor's Name PO Box 18279 | | | When was the debt incurred? 10/01/2004 | | |
| | Number Street | | | As of the date you file, the claim is: Check all that apply. | | |
| | Columbus | OH | 43218 ZIP Code | ☐ Contingent | | |
| | ony. | 0.000 | | ☐ Unliquidated | | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | | |
| | Debtor 1 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | | | |
| | At least one of the debtors and anoth | er | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | | |
| | ☐ Check if this claim is for a comm | nunity debt | | you did not report as priority claims | | |
| | Is the claim subject to offset? | | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Charge Account | | |
| | □ No | | | 18 03 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | | |

☐ Yes

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Debtor 1

Przemyslaw Last Name Zakowski

Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| Blitt and Gaines, P.C | ·. | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|-----------------------|-------|--|---|
| Name | | | |
| 661 Glenn Avenue | | | Line 5.0 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claim |
| Wheeling | IL | 60090 | Last 4 digits of account number 1 0 5 0 |
| City | State | ZIP Code | |
| Name | | 10-10-01-01-01-01-01-01-01-01-01-01-01-0 | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| vanie | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| 24 | State | 710.0 | Last 4 digits of account number |
| City | State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | Last 4 digits of account number |
| City | State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| Dity | State | ZIP Code | Last 4 digits of account number |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| valiic | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| No. | 0.0 | 710.0-3 | Last 4 digits of account number |
| City | State | ZIP Code | 1997-1991 - 1997-1997 - 1997-1997-1997-1 |

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Debtor 1

Przemyslaw

Name Middle Name

Zakowski

Case number (# known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim | |
|-----------------------------|---|-----|-------------|-----------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$ | 0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + § | 0.00 |
| | 6e. Total . Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | Total claim | |
| from Part 2 | 6f. Student loans | 6f. | \$ | 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ | 66,810.00 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$ | 66,810.00 |